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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: The Marion Record		2. DATE: 9-30-17
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: 32.00/38.00

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
403 N. Broadway, PO Box 298 Marion SD 57043 Turner Co.

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
210 W Main St. PO Box 128 Canistota SD 57012

6. FULL NAME OF PUBLISHER: Matt D. Anderson

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Anderson Publications, Inc	210 W Main St. Canistota SD 57012

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.
None

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	725	550
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	70	75
2. Mail Subscription (Paid and or requested)	470	433
3. Paid Electronic Copies	—	—
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	540	508
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	185	42
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	725	550

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Matt Anderson
(Signature)

Owner/Publisher
(Title)

State of South Dakota)
§
County of McCook)

Sworn to before me this 9 day of Oct, 2017

Donna M Diede
Notary Public

My commission expires: 2/10/2022

DONNA M. DIEDE
NOTARY PUBLIC SEAL
STATE OF SOUTH DAKOTA

Form: SOS REC 051 9/201

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Matt & Susan Anderson
223 N. 7th Ave
Canistota SD 57012